

Mississippi Development Authority

_____ GRANT NUMBER
_____ WARRANT NUMBER
FOR OFFICE USE ONLY!!

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

**Mississippi Development Authority
501 North West Street
E.T. Woolfolk Building, Suite 600
Jackson, MS 39201**

I hereby authorize Mississippi Development Authority to initiate credit entries to my checking or savings account as indicated below and the depository(s) named below, to credit the same such account(s), and in the event a credit is made to my account(s) in error, I authorize Mississippi Development Authority to make a correcting entry under the conditions that I am notified of said adjustment.

PLEASE ATTACH A VOIDED CHECK, NO EXCEPTIONS **INSTRUCTIONS:**

1. ONLY VOIDED CHECKS ARE ACCEPTED **(NO DEPOSIT SLIPS)**
2. YOU CAN NOT DEPOSIT INTO MORE THAN ONE ACCOUNT
3. IF A CHECK IS NOT AVAILABLE, PLEASE SUBMIT A NOTICE FROM THE BANK WITH THE TRANSFER INFORMATION: ABA OR ROUTING # AND ACCOUNT NUMBER.
4. CREDIT UNION MEMBERS MUST OBTAIN TRANSFER INFORMATION FROM THEIR BRANCH MANAGER. (PLEASE PROVIDE A FORM)
5. INFORMATION IMPORTANT TO YOUR BANK: MDA USES AUTOMATIC CLEARING HOUSE, EFT.

APPLICANT SIGNATURE **PRINT NAME**

JOINT APPLICANT SIGNATURE **PRINT NAME**

DATE

1. DEPOSITORY _____ ABA # _____

ACCOUNT # _____ ACCOUNT TYPE _____

AMOUNT TO BE DEPOSITED: _____

MDA CLOSING AGENT

CLOSING AGENT COMPANY _____ CLOSING PROCESSOR NAME _____

SIGNATURE _____ DATE _____